

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
WILMINGTON DE 19808	
Postage	\$ 11.65
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$16.45</b>
02/06/2008	
Sent To	Sanyo North America Corporation
Street, Apt. No., or PO Box No.	The Prentice-Hall Corporation System, Inc.
City, State, ZIP+4	2711 Centerville Road, Suite 400 Wilmington, DE 19808
PS Form 3800, January 2002	

SENDER:	
<ul style="list-style-type: none"> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	
I also wish to receive the following services (for an extra fee):	
1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number
Sanyo North America Corporation The Prentice-Hall Corporation System, Inc. 2711 Centerville Road, Suite 400 Wilmington, DE 19808	7081 0320 0004 3020 1458
5. Received By: (Print Name)	4b. Service Type
	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature: <b>X</b> <i>Paula Capen</i>	7. Date of Delivery
	FEB 11 2008
	8. Addressee's Address (Only if requested and fee is paid)
	WILMINGTON DE 19808

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.